

different type of metal. In the same way fragments from hammerheads, punches, etc. seed the ends of prostheses and nails. Thus corrosion currents are established.

The author thus recommends the use of double slotted screws held in a screw-holding screw driver. To further reduce metal transfer and corrosion arising from surface damage he makes many suggestions, a few of which are:

1. Avoid dumping screws and plates together in a box.
2. Keep implants of different composition carefully separated.
3. Avoid seizing screws with a hemostat (unless rubber shod).
4. Never re-use an implant.
5. Never clamp a plate to the bone with a metal clamp.

Dr. Bechtol drilled various sized holes through one cortex of dog femurs and measured the force necessary to fracture them—small holes decreased the breaking strength almost as greatly as larger holes. Conclusion: There is no advantage in making holes smaller than 20 per cent of the outside diameter of the bone. As a result of his extensive experiments, he is able to lay down certain criteria for the manufacture of a more perfect drill for use in bone surgery. These include a chisel point tip whose angle is 90° instead of the customary 56° and dull edges on the spiral flute to prevent reaming out of the hole caused by wobbling. In the application of a bone plate only a limited amount of periosteal stripping is safe—hence bone plates must be small and are necessarily less strong than normal bone. In experiments T or I beam shaped nails are 300 to 400 per cent stronger in resistance to bending force than tri-flanged nails. Parham bands of Vitalium inserted around the mid-femur of dogs, for six weeks caused no grooving from bone absorption under the bands and left the breaking strength unimpaired. He recommends use of the lag screw principle when fixing a spiral fracture, by drilling a slightly larger hole in the proximal cortex. After experimenting with many types of screws he concluded that the size and threads of standard bone screws now in use are quite satisfactory and there is no need for change in design.

DON KING, M.D.

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CLINICAL DERMATOLOGY—For Students and Practitioners—Harry M. Robinson, Jr., B.C., M.D., Professor of Dermatology and Head of the Division of Dermatology, University of Maryland School of Medicine; Chief Dermatologist, University Hospital; and Raymond C. V. Robinson, B.S., M.D., M.Sc. (Med.), Associate Professor of Dermatology, University of Maryland School of Medicine; Assistant Chief of the Dermatology Clinic, University Hospital. The Williams & Wilkins Company, Baltimore 2, Maryland, 1959. 242 pages, \$8.50.

This is an attractive two hundred twenty-eight page book. The pages are larger than those of many standard texts, measuring approximately seven and one-half by ten inches. It is printed in double columns on fine paper and in legible type which makes for easy reading.

It appears to be a prime consideration of the authors to present dermatology in a brief and concise manner. The subjects discussed are carefully organized and outlined into major divisions set apart in bold type with subdivisions identified by paragraphing, italics, indentations, outlines and charts. A few drawings and numerous black and white reproductions of photographs are used effectively.

The book is divided into two main sections. The first sixty pages are entitled "General Considerations." The following subjects are presented: (1) Anatomy of the Skin; (2) Physiologic and Chemical Functions of the Skin; (3) Etiology of Dermatoses; (4) Diagnostic Procedures; (5) Dermal Histopathology; (6) Mycology; (7) Allergy; (8) Occupational Dermatoses; (9) Venereal Diseases; (10) Psychosomatic Medicine Applied to Dermatology; (11) Therapy.

Considering the scope of the material and the limited space allotted, I believe this part of the book is excellent.

The remainder of the book is headed "Morphologic Dermatology." First come fourteen pages of lists, outlines and charts. In these the common dermatoses are classified as to type of *primary lesion* (macule, papule, vesicle, pustule, et cetera), *configuration* (annular, linear, grouped, et cetera) and other *special features* (excoriations, ulcers, alopecias, et cetera). They are charted as to region or site of predilection, special morphologic features, secondary lesions, subjective symptoms, etiology, diagnostic tests, et cetera.

The remainder and bulk of the book divides the common dermatoses into the following classifications: (1) Macular Eruptions; (2) Papular Eruptions; (3) Vesicular Eruptions; (4) Pustular Eruptions; (5) Eruptions Involving the Scalp and Other Hairy Areas; (6) Lesions Involving the Mucous Membranes; (7) Sweat Gland Lesions; (8) Nail Lesions; (9) Tropical Diseases; (10) Peripheral Vascular Diseases. Each disease in each of these classifications is then outlined under the following sub-headings: (1) Synonym; (2) Sites of Predilection; (3) Objective Symptoms; (4) Subjective Symptoms; (5) Etiology; (6) Histopathology; (7) Diagnostic Aids; (8) Relation to Systemic Disease; (9) Differential Diagnosis; (10) Therapy.

Finally, there is an extensive index.

There are obvious advantages and also some disadvantages to this method of presentation. Among the latter is the fact that the features of many skin diseases are so variable as to defy arbitrary classification in any single morphologic category. This leads to both duplication of material in a few cases and oversimplification in others.

I believe the value of the book is well summarized in the "Foreword" in which it is stated, "The authors, drawing from their vast clinical experience, have prepared a text which is suited ideally as a primer in dermatologic diagnosis for the medical student primarily." It should also serve well as a supplement to lectures in dermatology for student nurses. Finally, it should be helpful for a quick review of dermatology by physicians in general practice or those specializing in other fields than dermatology."

H. V. ALLINGTON, M.D.

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HANDBOOK OF DIET THERAPY—Third Edition—Written and compiled by Dorothea Turner, Department of Medicine, University of Chicago, for the American Dietetic Association. The University of Chicago Press, 5750 Ellis Avenue, Chicago 37, Illinois, 1959. 222 pages, \$5.00.

The third edition of the Handbook of Diet Therapy (since 1946) has expanded from 112 to 222 pages. The purpose remains the same: to provide aid in naming, defining and describing therapeutic diets in line with dietetic principles. Definitions of dietetic terminology are included in a 15-page glossary which appears as an appendix. Therapeutic diets are considered as modifications of the normal diet and as such are planned to meet or exceed the dietary requirements of the normal.

In this third edition, basic patterns of diet are outlined in terms of five commonly used food groups. These include the milk group, the vegetable and fruit group, the meat group, the bread-cereal-potato-legume group, and the fats and sweets. Since this fifth group adds little in proteins, minerals and vitamins, it is considered separately from the other four, which contain the essential food elements other than calories.

This handbook is most authoritative in its field. Written primarily for dietitians, it can be extremely valuable to doctors, medical students and others interested in diet therapy.

EDGAR WAYBURN, M.D.